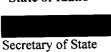
## LOBBYIST ANNUAL REPORT FORM



State of Idaho



To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

2004 JAN 23 AM 9: 04

OIATE

(Type or print clearly) See instructions at bottom of page

See instructions at bottom of page

Lobbyist's name and permanent business address

BEN WOLFINGER

5500 GOVERNMENT WAY

P.O. BOX 9000

COEUR D'ALENE, IDAHO

83816-9000

Date prepared

Period covered'

(Mo.) (Day) (Yr.)

12 31 03

| Item Totals of  | all reportab | le expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |   |                |                |                |  |
|---|--------------|--|---|----------------|----------------|----------------|--|
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported |              | Total<br>Expenditure   | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |                |  |
|   |              |  | Employer No. 1  | Employer No. 2 | Employer No. 3 | Employer No. 4 |  |
| Entertainment Food and Refreshment Living Accommodation   | ıs           | \$_224.06<br>195.49  | \$ <u>224.06</u><br>195.49  | \$             | \$             | s              |  |
| Advertising   |              | 943.49   | 943.49  |                |                |                |  |
| Travel Telephone  |              | -0-  | -0-   |                |                |                |  |
| Office Expenses Other Expenses or Serv  | rices        |  |   |                |                |                |  |
|   | Total        | \$ <u>1,363.04</u>   | \$ 1,363.04   | s              | \$             | \$             |  |

| Item | The totals | e totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. |        |  |  |  |  |  |
|------|------------|---|--------|--|--|--|--|--|
| 2    | Date       | Place   | Amount | Names of Legislators & Public Officials in Group |  |  |  |  |
| N/A  |            |   |        |  |  |  |  |  |

| INSTRUCTIONS  |       | Employer(s) Name(s) and Address(es)  |
|---|-------|--|
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | No. 1 | KOOTENAI COUNTY SHERIFF'S DEPARTMENT<br>5500 GOVT. WAY<br>COEUR D'ALENE, IDAHO 83816 |
| Filing deadline: Annual report is due on January 31st.                              | No. 2 |  |
| TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720                       | No. 3 |  |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282                   | No. 4 |  |

|  | Date              | erty to any Legislator, or for or on behalf o |   | Name of Legislator Receiving or Benefited   |                                     |   |  |  |
|--|-------------------|---|---|---|-------------------------------------|---|--|--|
| N/A  |                   |   |   | realize of Legislator Receiving   | g or Ben                            | ented   |  |  |
| 5 or H   | ouse Bill, Resolu |   | ive activity in which   | farming, and livestock  Amusements, games, athletics and sports  Banking, finance, credit and investments  Children, minors, youth, senior citizens  Church and religion  Consumer affairs  Ecology, environment, pollution, conservation, zoning, land and water use  Education Elections, campaigns, voting, political parties  Equal rights, civil rights, minority affairs  Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | Code 17  18 19 20 21 22 23 24 25 26 | IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation |  |  |
| CERTIFICATION CONTECT STATEMENT OF THE PROPERTY OF THE PROPERT | at in accordance  | rtify that the above is with Section 67-6624  | a true, complete and 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | Government, municipal Government, special districts   | 30                                  | Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)   |  |  |

Date

Employer No. 4 signature